



## Request for a record of a Military Discharge (DD-214)

### Service Member Information

Name: \_\_\_\_\_

Branch of Military: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Date Recorded: \_\_\_\_\_

No. of Copies: \_\_\_\_\_ The fee for each certified copy is \$2.00 plus 50 cents for the first page and 25 cents for each additional page.

#### Relationship to Service Member: Pursuant to 7-4-2614 MCA

- \_\_\_\_\_ Service member
- \_\_\_\_\_ Next of kin if service member is deceased – Must show death certificate  
(surviving spouse, parent or a descendant of the service member, no other living person is more closely related to the above named service member.)
- \_\_\_\_\_ Relationship to service member \_\_\_\_\_
- \_\_\_\_\_ Mortuary if the service member is deceased – Must show death certificate
- \_\_\_\_\_ Veterans' service officer or a veterans' service organization
- \_\_\_\_\_ Veterans affairs division of the Montana department of military affairs
- \_\_\_\_\_ Any person with notarized written authorization from the service member or from the next of kin if the service member is deceased.

Requestors Signature \_\_\_\_\_ Date \_\_\_\_\_

Street or post office address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Request must be properly notarized if submitted by mail.

State of \_\_\_\_\_  
County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

(Notorial Seal)

\_\_\_\_\_  
Signature of Notary

OFFICE USE ONLY: Form of ID \_\_\_\_\_ Written Authorization \_\_\_\_\_ Date Issued \_\_\_\_\_